

APPENDIX A
SAMPLE MESSAGE/NAVGRAM
PID/MPD MISHAP REPORT (REPORT SYMBOL OPNAV 5102-1 (PID)
OR OPNAV 5102-2 (MPD))

1. General

The format and content shown below is to be used for reporting personnel injuries/deaths and material (property) damage mishaps as described in Chapters 3 and 4. Submit as much of the information as is available. Submit supplementary reports as necessary to supply the missing information when available.

WHERE REQUESTED DATA DOES NOT APPLY OR IS NOT RELEVANT TO ANALYSIS OF THE MISHAP INSERT THE WORDS "NOT APPLICABLE."

2. Content and Format

(Precedence - normally ROUTINE. See paragraphs 302b(3) and 402c(3) when higher precedence is required.)

FROM: REPORTING ACTIVITY
TO: NAVSAFECEN NORFOLK VA//02/14/20/30/40/50/70/80/054// (R
INFO: AS DESIRED

UNCLAS //N05102// FOUO (Normally UNCLAS unless classified information must be included.)

SUBJ: PID REPORT - (REPORT SYMBOL OPNAV 5102-1) and/or MPD REPORT (REPORT SYMBOL OPNAV 5102-2)

MSGID/GENADMIN/MSG ORIG/SER NO./MONTH// (R

REFS: (If follow-up message, refer to prior message.) (R
FORMAT IN ACCORDANCE WITH GENADMIN PROCEDURES.

NARR/THIS IS A (LIMITED/GENERAL) USE SAFETY MISHAP REPORT TO BE USED ONLY FOR SAFETY PURPOSES PER OPNAVINST 5102.1C.// (R

RMKS/ALPHA: (R

1. UIC OF INJURED PERSON'S COMMAND OR REPORTING ACTIVITY IF MPD (R

2. TYPE OF MISHAP (Flooding, fire, injury/death, equipment casualty, etc.)

3. LOCAL TIME AND DATE OF MISHAP

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4. GEOGRAPHIC LOCATION (If classified, give general area)
(afloat units only)
5. LOCATION WHERE MISHAP OCCURRED (If at duty station, give work center or description, e.g., torpedo room, main deck frame, base/station facility. If other, so indicate, e.g., at home, ball field, etc. Indicate if MWR facility.)
- R) 6. EVOLUTION/JOB BEING PERFORMED AT TIME OF MISHAP (TYT, refit, ISE, Maintenance, UNREP, material handling production, leave/liberty, etc.) If at training command insert course identification number (CIN) only - do not provide evolution in those cases.
7. SHIP'S STATUS (Underway, anchored, submerged, dry-docked, etc. For mishaps ashore insert "not applicable".)
8. POINT OF CONTACT AND TELEPHONE NUMBER IF AVAILABLE

BRAVO:

1. EQUIPMENT DAMAGED OR DESTROYED BY THE MISHAP (Include EIC, TEC, or NSN if applicable; describe damage.)
2. ESTIMATED COST TO REPAIR OR REPLACE DOD PROPERTY
(Provide a total cost including man-hours at \$16 per hour plus cost of material and equipment.)
3. ESTIMATED COST OF NON-DOD PROPERTY DAMAGE
4. NUMBER OF REPORTING ACTIVITY OPERATING DAYS LOST

CHARLIE: REPORTABLE INJURIES

1. NAME/SSN/AGE/SEX (If more than one person involved, information in this section must be explicit as to which individual is being described. Repeat items 1 through 8 for each individual.)
2. RANK/DESIGNATOR/RATE/GRADE, JOB AND EMPLOYMENT STATUS
(For employment status specify USN, USNR, Navy Federal Civilian, Navy Non-Appropriated Fund Civilian, Navy Foreign National Civilian, etc.)
3. DUTY STATUS (On- or off-duty.)

- R) 4. SPECIFIC JOB OR ACTIVITY INDIVIDUAL ENGAGED IN AT TIME OF MISHAP (PMS, PFT, training, watchstanding, football, woodworking, material handling, etc.)

5. NUMBER OF MONTHS EXPERIENCE AT THE JOB OR ACTIVITY (The experience the person possessed for the activity engaged in. If boating or swimming mishap, indicate swimmer qualification and applicable training courses, i.e., Safe Boating).

6. MEDICAL DIAGNOSIS (Include parts of body and type of injury. For occupational illnesses specify the type as outlined in the note below.)

7. FATALITY OR EXTENT OF INJURIES OR OCCUPATIONAL ILLNESSES (Specify fatality, missing, permanent total disability, permanent partial disability, or no disability likely).

8. ESTIMATE OF LOST TIME

A. TOTAL LOST TIME (IN DAYS) AWAY FROM JOB

B. DAYS ACTUALLY HOSPITALIZED

DELTA:

1. GENERAL CAUSE(S) OF MISHAP (Personnel error, supervisory error, material failure, environmental extremes, inadequate procedure/precaution.) (R)

2. IMMEDIATE OR DIRECT CAUSE(S) OF MISHAP (Using defective/incorrect tools; working without safety guard; repairing equipment while energized; horseplay; assuming unsafe posture; violating safe sport practices; equipment malfunctions; uneven, slippery walking/recreation surfaces; warnings not posted; inadequate illumination; rough water; hazardous atmosphere; unsafe act; unsafe condition; other. Cite safety standard or regulation violated as appropriate. If material or equipment failure, cite NSN or EIC.)

3. IF PERSONNEL ERROR, STATE CONTRIBUTING CAUSE(S) (Distraction/inattention, inadequate supervision, fatigue, haste, improper attitude/motivation, inexperience, lack of skill, inadequate physical conditioning, anger, alcohol/drugs. If alcohol/drugs involved indicate blood alcohol/drug content when available.) (R)

4. IF UNSAFE CONDITION, STATE CONTRIBUTING CAUSE(S) (Poor housekeeping, insufficient maintenance, defective design, overloaded boat, other-specify.)

5. PERSONAL PROTECTIVE EQUIPMENT/CLOTHING (Specify whether required, available, used, adequate, effective, misused, improper type, failed or not a factor.) (R)

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ECHO: NARRATIVE

- A) 1. CHAIN OF EVENTS LEADING UP TO, THROUGH AND SUBSEQUENT TO MISHAP (Elaborate with remarks so that the who, where, and how of the mishap are known. Be specific as to locations within the activity either afloat or ashore. If fire, give class (A, B, C, D), source, and how extinguished (water, fog, CO2 PKP, AFFF, Halon, protein form, other specify). If flooding, give source and how dewatered (installed eductor system, portable eductor, submersible pump, P-250, other-specify). If collision, give estimate of damage and identification of other ship or structure. If chemical or toxic exposure, attempt to identify the chemical or material involved. If heavy weather, give latitude/longitude. Elaborate with remarks on any item.)
2. CORRECTIVE ACTION/LESSON LEARNED OR RECOMMENDATIONS
End of message.//